P.003/009 (FAX)865 545 7793 08/29/2012 18:21 Tennova Rehab Svc 4A PRINTED: 08/14/2012 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUC (XS) DATE SURVEY . IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING 445360 06/13/2012 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 900 EAST OAK HILL AVENUE TENNOVA HEALTH CARE-TENNOVA TOU KNOXVILLE, TN 37917 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL PROVIDER'S PLAN OF CORRECTION (X5) CÓMPLETIÓN DATE (X4) ID PREFIX ID (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) F 371 483.35(I) FOOD PROCURE, F 371 STORE/PREPARE/SERVE - SANITARY SS=F The facility must -(1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities: and (2) Store, prepare, distribute and serve food under sanitary conditions This REQUIREMENT is not met as evidenced by: Based on review observation, review of facility policy, and interview, the facility falled to prepare and store food under sanitary conditions. The findings included: Observation on June 11, 2012, between 7:00 p.m. and 8:29 p.m., in the presence of the Food Service Supervisor, in the dietary department,. revealed the following: O Reviewed Personal Appearance policy with staff. Hair restraints will be monitored by super-6/16/12 1. Two employees in the dishwashing area, one employee in the preparation area, and one employee in the tray line area, were not wearing c beginning hair nets. 2. A 60 ounce container of sour cream dated May

27, 2012, was present in the dairy cooler.

A pan of cooked white rice, undated, was observed in the cooked meats cooler.

A container of cheese slices dated May 26.

this regulament is taily loy staffy supported in starting inspection visits policy reviewed specifically production staff)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE DON

(X8) DATE ردا لادا م

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 Jays following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program perticipation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
I		445360	B. WING		180	06/13/2012	
NAME OF PROVIDER OR SUPPLIER TENNOVA HEALTH CARE-TENNOVA TCU				REET ADDRESS, CITY, SYATE, ZIP COD 160 EAST OAK HILL AVENUE KNOXVILLE, TN 37917		512 G 12	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			PROVIDER'S PLAN OF CORRECTION PREFIX TAG CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)			
F 371	Continued From page 1 2012, and a pan containing 16 grilled chicken patties, both with wrapping partially opened were present in the leftovers cooler. 5. A cardboard box with plastic liner containing 4 dinner loafs, (meat loaf) opened and not dated, one pan containing 15 slices of turkey unsealed and undated, one pan containing 8 pieces of sliced turkey also unsealed, and undated, two trays of grilled chicken breasts, each tray containing 16 pieces of chicken uncovered, and undated, on the storage racks in the uncooked meats cooler. 6. The grill top was solled with a heavy coat of grease and black debris, the grease trap and backsplash areas were also soiled with black		©			6/16/12	
•	debris. 7. The flat top sto solled with black do solled with black do Review of facility production of facility p	eve backsplash and hood were abris and grease. clicy, Sanitation/Infection uary 1, 1993, revealed "Hair at all times when the din refrigerators must be dleftover items which are not longer than seven daysgrills re cleaned after each use	. ②	requirement is moving by staff & supervisor evening supervisor Flat top stove cleaning sch varienced with prostaff. This requirement by staff visor, daily. Equirement of the checked hightly by supervisor.	htly by d (6111) + edulcal reduction ment-1s f Jauper	orgoing	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		445380	B. WII	NG		08/13/2012		
NAME OF P	ROVIDER OR SUPPLIER	.,			REET ADDRESS, GITY, STATE, ZIP CODE			
TENNOVA HEALTH CARE-TENNOVA TCU				900 EAST OAK HILL AVENUE KNOXVILLE, TN 37917				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO GROSS-REPERENCED TO THE APPR DEFICIENCY)	(%5) COMPLETION DATE		
F 371	Continued From page 2 loaves, turkey slices and cooked chicken breasts were improperly stored and available for resident use, and the grill top and grill backsplash areas were soiled and were to have been cleaned after each use per the facility's policy, and the flat top stove backsplash and hood were soiled and in need of cleaning.		F	371				
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